



Town of Melbourne Beach

507 Ocean Ave, Melbourne Beach, FL 32951

321-724-5860 • permitting@melbournebeachfl.org

[For Office Use Only]

Permit #: _____

PERMIT APPLICATION

PLEASE PRINT LEGIBLY

Job Address: _____

Description of Work: _____

Value of Construction: \$ _____ Total Area of Construction: _____ Sq. Ft.

A Notice of Commencement is required for all work valued at \$5,000 or more (\$15,000 for HVAC)

SUB: _____ BLOCK: _____ LOT: _____ COUNTY: Brevard

Permit Type: RESIDENTIAL <input type="checkbox"/>		COMMERCIAL <input type="checkbox"/>				
<input type="checkbox"/> Electric	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Gas	<input type="checkbox"/> Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Window or Door
<input type="checkbox"/> Pool/Spa [# of gallons:]	<input type="checkbox"/> Shed/Accessory Structure	<input type="checkbox"/> Fire Alarm or Fire Sprinkler	<input type="checkbox"/> Fence	<input type="checkbox"/> Roofing [Pitch:]	<input type="checkbox"/> Sign [Type:] [Sq. Ft:]	

ERP OR CGP PERMIT MAY BE REQUIRED AND POSTED ON JOB SITE

Contractor: _____

Qualifier's Name: _____ License #: _____

Address: _____ Zip Code: _____

Phone #: _____ Email: _____

Insurance and licensing information MUST be current with Brevard County

Homeowner's Name: _____ Phone #: _____

Address: _____ Zip Code: _____

Email if Permit is Owner/Builder: _____

Architect/Engineer: _____ Phone #: _____

Address: _____ Zip Code: _____

STORMWATER MANAGEMENT

Pursuant to Town of Melbourne Beach Code of Ordinances 27-28, Illicit/illegal discharges. No person shall throw, drain, or otherwise discharge, cause, or allow others under its control to throw, drain, or otherwise discharge into the municipal separate storm sewer systems any pollutants or waters containing any pollutants, other than stormwater, whether such discharges occur through piping connections, runoff, exfiltration, infiltration, seepage or leaks. **Acknowledgement (Initial):** _____

SUB-CONTRACTOR INFORMATION (Insurance and licensing information MUST be current with Brevard County)

Electrical: _____ State Reg/Cert #: _____
Address: _____ Phone #: _____
Qualifier: _____ Signature: _____

Plumbing: _____ State Reg/Cert #: _____
Address: _____ Phone #: _____
Qualifier: _____ Signature: _____

Mechanical: _____ State Reg/Cert #: _____
Address: _____ Phone #: _____
Qualifier: _____ Signature: _____

Roofing: _____ State Reg/Cert #: _____
Address: _____ Phone #: _____
Qualifier: _____ Signature: _____

Other: _____ State Reg/Cert #: _____
Address: _____ Phone #: _____
Qualifier: _____ Signature: _____

APPLICANT'S AFFIDAVIT

Application is hereby made to obtain a permit to do work and installation as indicated by The Florida Building Code and Town Code in effect at the time of this application. I understand that all permits require Inspections as indicated. This permit application is valid for 180 days from the date of submission.

I certify that **NO** work or installation has commenced prior to the issuance of a permit.

By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING THRICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S/AGENT'S SIGNATURE and DATE
STATE OF FLORIDA, COUNTY OF BREVARD
The foregoing instrument was acknowledged before me by means of ___physical presence or ___online notarization, this _____ day of _____, 20___ by _____ who is personally known to me, or has produced _____ as identification.

CONTRACTOR'S SIGNATURE and DATE
STATE OF FLORIDA, COUNTY OF BREVARD
The foregoing instrument was acknowledged before me by means of ___physical presence or ___online notarization, this _____ day of _____, 20___ by _____ who is personally known to me, or has produced _____ as identification.

Notary Seal

Notary Seal